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DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: NOVEL MOTOR PROTEINS AND METHODS FOR THEIR USE, the specification of which is attached hereto or was filed on June 20, 2000 as Application Serial No. 09/597,292 and was amended on _____ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for the patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

| Country | Application No. | Date of Filing | Priority Claimed Under 35 USC 119 |
|---------|-----------------|----------------|--|
| N/A | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

| Application No. | Filing Date |
|-----------------|-------------|
| N/A | |
| | |

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial No. | Date of Filing | Status |
|------------------------|----------------|--|
| 09/295,612 | April 20, 1999 | <input type="checkbox"/> Patented <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Abandoned |
| | | <input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the patent and Trademark office connected herewith.

Lauren L. Stevens, Reg. No. 36,691

William M. Smith, Reg. No. 30,223

Joe Liebeschuetz, Reg. No. 37,505

| | |
|---|---|
| Send Correspondence to: Lauren L. Stevens, Ph.D., J.D. Cytokinetics, Inc. 280 East Grand Avenue South San Francisco, CA 94080 | Direct Telephone Calls to: Lauren L. Stevens, Ph.D., J.D. Reg. No. 36,691 (650) 624-3006 Facsimile (650) 624-3010 |
|---|---|

| | | | | |
|-------------------------|---|-------------------------------------|----------------------------------|---------------------|
| Full Name of Inventor | Last Name Beraud | First Name Christophe | Middle Name or Initial | |
| Residence & Citizenship | City San Francisco | State/Foreign Country California | Country of Citizenship France | |
| Post Office Address | Post Office Address 83 Scotia Avenue | City San Francisco | State/Country California | Post Office Address |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | |
|---|-------------------------|
| Signature of Inventor 1 | Signature of Inventor 2 |
|  | |
| Christophe Beraud | |
| Date: 10/17/00 | Date: |



FEB 13 2003

020552-004920 US JO

 Commissioner for Patents
 Washington, DC 20231
 www.uspto.gov

| APPLICATION NUMBER | FILING DATE | FIRST NAMED APPLICANT | ATTY. DOCKET NO./TITLE |
|--------------------|-------------|-----------------------|------------------------|
| 10/093,317 | 03/06/2002 | Christophe Beraud | CYTOP059C2 |

20350
 TOWNSEND AND TOWNSEND AND CREW, LLP
 TWO EMBARCADERO CENTER
 EIGHTH FLOOR
 SAN FRANCISCO, CA 94111-3834

CONFIRMATION NO. 2511



OC00000009392239

Date Mailed: 01/16/2003

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 12/27/2002.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

D. Thomas
 DOROTHY M THOMAS
 1600 (703) 306-0514

ATTORNEY/APPLICANT COPY

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REVOCATION AND POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application/Patent
Number

Filing/Issue Date

Attorney Docket Number

**As sent forth on the
attached Schedule A**

I hereby appoint:

Practitioners at Customer Number

20350

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

AND

I hereby revoke all previous powers of attorney or authorizations of agent given as set forth for application identified above.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Firm or
Individual Name

Address

City

State

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Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

James S. Sabby

James S. Sabby

Signature

Date

Oct 15, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DE 7081867 v1

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Heidenreich, et al.

Application No./Patent No.: As set forth on the attached Schedule A Filed/Issue Date: As set forth on the attached Schedule ACytokinetics Inc. a corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office. A copy of the assignment is attached hereto, or was recorded as set forth on the attached Schedule A.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
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3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

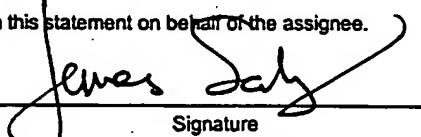
Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

10-15-02

Date



Signature

JAMES SABRY

Typed or printed name

Oct 15, 2002

Title

CEO

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

| SCHEDULE A for Transfer USPTO Formal Documents | | | | |
|--|-------------------------------|----------------------|---|-------------------------|
| ATTORNEY DOCKET | APPLICATION/ PATENT NUMBER | FILING/ISSUE DATE | PRIORITY INFORMATION | ASSIGNMENT INFO |
| 020552-004920US | 10/093,317 | 03/06/02 | Con of 09/724,224, a Con of 09/597,292, a CIP of 09/295,612 | Reel 011200, Frame 0897 |

| | | |
|--|------------------------|--------------------|
| CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | NOT YET ASSIGNED |
| | Filing Date | HEREWITH |
| | First Named Inventor | Beraud, Christophe |
| | Art Unit | NOT YET ASSIGNED |
| | Examiner Name | NOT YET ASSIGNED |
| | Attorney Docket Number | 020552-004921US |

Please change the Correspondence Address for the above-identified patent application to:

Customer Number: **20350**

OR

| | | | |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| Address | | | |
| City | State | ZIP | |
| Country | | | |
| Telephone | Fax | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- Applicant/Inventor.
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number 42,271
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name **Scott L. Ausenhus**

Signature 

Date **March 9, 2004**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.